

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54991
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
APR 15 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-0096
Date: 4-29-15
Amount Paid: \$355 4-29-15
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: John & Christina Sauer	Mailing Address: Washburn, WI 54991	City/State/Zip: Washburn, WI 54991	Telephone: (715) 373-5143
Address of Property: 79080 Dyer Rd	Contractor Phone: Plumber:	Agent Phone: (715) 292-8473	Cell Phone: (715) 292-8473
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Mailing Address (include City/State/Zip):	Plumber Phone:	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-10407	Recorded Document: (i.e. Property Ownership) Volume 890 Page(s) 392	
1/4, 1/4	Gov't Lot Lot(s) GSN Vol & Page Lot(s) No. Block(s) No. Subdivision:	Lot Size	Acres 3.72
Section 14, Township 44 N, Range 4 W	Town of: Bayview		
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: ~400 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$85,000	Project and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: manhole <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 34	Width: 22	Height: 20' c. 5' above grade
Proposed Construction:			

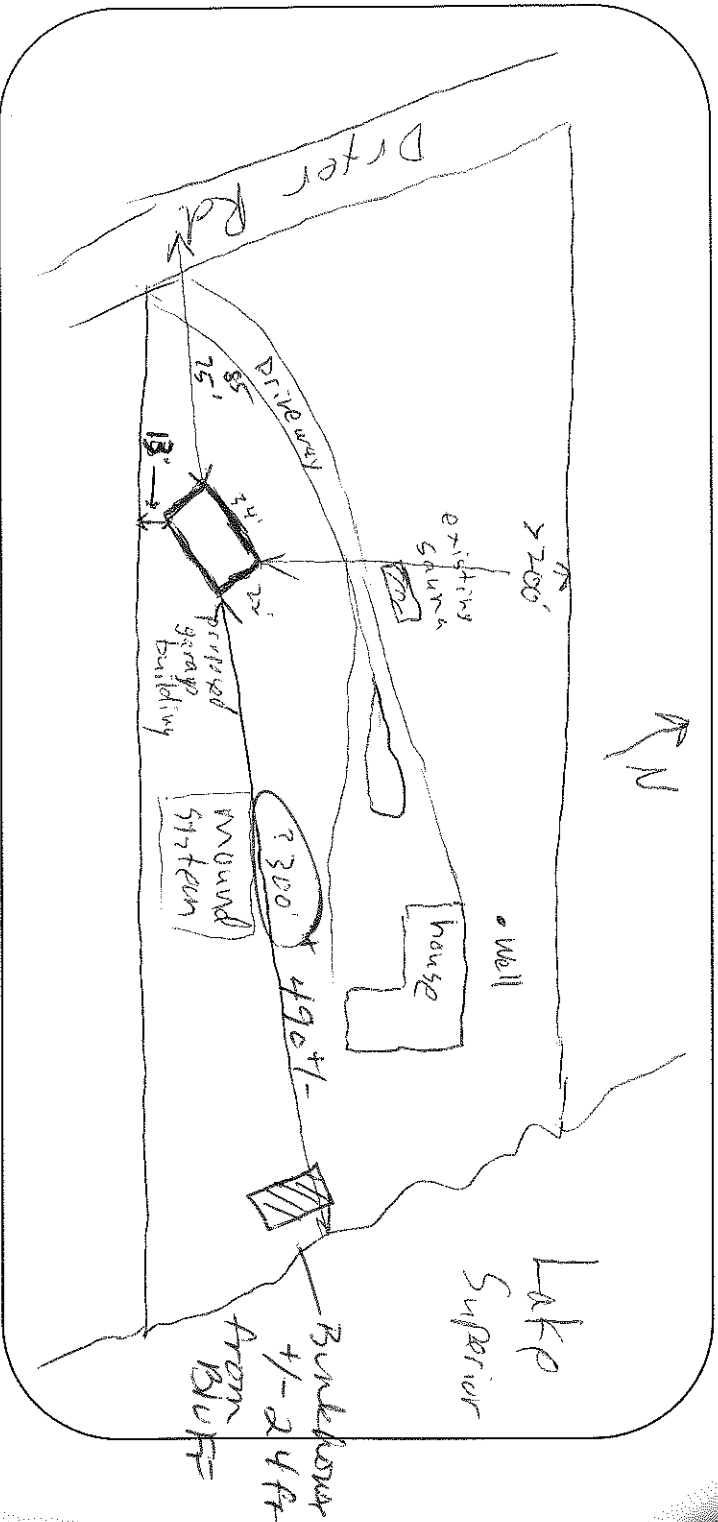
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2nd) Deck <input type="checkbox"/> with Attached Garage	() X () () X () () X () () X () () X () () X () () X ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input checked="" type="checkbox"/> Accessory Building (specify) storage garage <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() X () () X () () X () () X () () X ()	750 sq ft
<input type="checkbox"/> Municipal Use			
Rec'd for Issuance APR 29 2015	Special Use: (explain) Conditional Use: (explain) Other: (explain)	() X () () X () () X ()	
Secretarial Staff		() X ()	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing this with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and any reasonable information for the purpose of inspection.

Owner(s): John & Christina Sauer Date 4/9/15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Date
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 79080 Dyer Rd / Washburn, WI 54991
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Now: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

changes to setbacks made
changes in plans must be approved by the Planning & Zoning Dept.
per 1004-2815

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	85' (25) Feet	Setback from the Lake (ordinary high-water mark)	~300' 490' Feet
Setback from the Established Right-of-Way	20' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	~200' 10' Feet	Setback from the Bank or Bluff	~300' Feet
Setback from the South Lot Line	~13' 15' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	~65' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line (Lake)	~300' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	~200' Feet
Setback to Drain Field	~110 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).
on the 2005
permit, add new
It was surveyed for the establishment of New One & Two Family Dwellings. All Municipalities Are Required To Enforce The Uniform Dwelling Code.
+ necessary driveway
The local Town, Village, City, State or Federal agencies may also require permits.
05-2173 permit
06-0392-stairs
06-0705 roof
08-0571 storm

Permit Information (County Use Only)

Permit Denied (Date): Sanitary Number: # of bedrooms: Sanitary Date: Manual - not connected

Permit #: 15-00916 Permit Date: 4-29-15 to new garage. see attached letter

Is Parcel a Sub-Standard Lot: ☐ Yes (Deed of Record) ☒ No ☒ No Mitigation Required: ☐ Yes ☒ No Affidavit Required: ☐ Yes ☒ No
Is Parcel in Common Ownership: ☐ Yes (Fused/Contiguous Lots) ☒ No Mitigation Attached: ☐ Yes ☒ No Affidavit Attached: ☐ Yes ☒ No

Is Structure Non-Conforming: ☐ Yes ☒ No Previously Granted by Variance (B.O.A.): ☐ Yes ☒ No Case #: ☐ Yes ☒ No

Was Parcel Legally Created: ☒ Yes ☐ No ☒ No Were Property Lines Represented by Owner: ☒ Yes ☐ No ☒ No
Was Proposed Building Site Delineated: ☒ Yes ☐ No ☒ No Was Property Surveyed: ☒ Yes ☐ No ☒ No

Inspection Record: ☒ Best steel covers built house. Bunkhouse not rebuilt per
C. Gaven 4-24-15 - only redid etc. new garage not within 300
ft of the lake - per Rob. not doing case. due to new well.
Date of Inspection: 4-24-15 Inspected by: [signature] Surveyed by: [signature]
Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☒ No (If No they need to be attached)

Building shall not be used for human habitation / sleeping purposes.
improvements surfaces with 300 ft if are shall not exceed 15%
(13,095 sq ft) without permit for mitigation measures are completed with
Signature of Inspector: [signature] Date of Approval: 4-24-15

Hold For Sanitary: ☐ Hold For TBA: ☐ Hold For Affidavit: ☐ Hold For Fees: ☐

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
APR 28 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-0108
Date: 4-30-15
Amount Paid: \$500 4-30-15
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <u>Jeff & Suzanne Erickson</u>	Mailing Address: <u>2410 Meadow Dr. Washburn WI 54891</u>	City/State/Zip: <u>Washburn WI 54891</u>		Telephone: <u>602-750-4546</u>		Cell Phone:		
Address of Property: <u>7840S Washington Ave</u>	Contractor Phone: <u>602-5019</u>	Plumber: <u>_____</u>		Plumber Phone: <u>_____</u>		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>John R Erickson</u>	Agent Phone: <u>209-3477</u>	Agent Mailing Address (include City/State/Zip): <u>2800 STH 137 Ashland WI 54806</u>		Recorded Document (i.e. Property Ownership) Volume <u>_____</u> Page(s) <u>_____</u>				
PROJECT LOCATION <u>N 1/2 Sec 1/4, S20 1/4</u>	Legal Description: (Use Tax Statement)	Gov't Lot <u>169</u>	Lot(s) <u>_____</u>	CSM <u>_____</u>	Vol & Page <u>_____</u>	Lot(s) No. <u>_____</u>	Block(s) No. <u>_____</u>	Subdivision: <u>_____</u>
Section <u>20</u> , Township <u>49</u> N, Range <u>04</u> W	Town of: <u>Bayview</u>		Lot Size <u>_____</u>		Acreage <u>40.00</u>			

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If Yes—Continue →	Distance Structure is from Shoreline: <u>_____</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—Continue →	Distance Structure is from Shoreline: <u>_____</u> feet		

Value at Time of Completion * include donated time & material <u>\$ 40K</u>	Project <u>New Construction</u>	# of Stories and/or basement <u>1-Story</u>	Use <u>Seasonal</u>	# of bedrooms <u>1</u>	What Type of Sewer/Sanitary System is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Private (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet	Water <input type="checkbox"/> City <input type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Specify Type: <u>_____</u>	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Storage	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Specify Type: <u>_____</u>	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>36</u>	Width: <u>46</u>	Height: <u>17'</u>
Proposed Construction:	Length: <u>36</u>	Width: <u>46</u>	Height: <u>17'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>_____</u>)	
<input type="checkbox"/> with Loft	<input type="checkbox"/> with a Porch	(<u>_____</u>)	
<input type="checkbox"/> with (2") Deck	<input type="checkbox"/> with (2") Deck	(<u>_____</u>)	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>_____</u>)	
<input type="checkbox"/> Mobile Home (manufactured date) <u>_____</u>	<input type="checkbox"/> Addition/Alteration (specify) <u>_____</u>	(<u>_____</u>)	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>Garage/Storage</u>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>_____</u>	(<u>36 X 46</u>)	<u>1728</u>
Rec'd for Issuance	Special Use: (explain) <u>_____</u>	(<u>_____</u>)	
APR 30 2015	Conditional Use: (explain) <u>_____</u>	(<u>_____</u>)	
Secretarial Staff	Other: (explain) <u>_____</u>	(<u>_____</u>)	

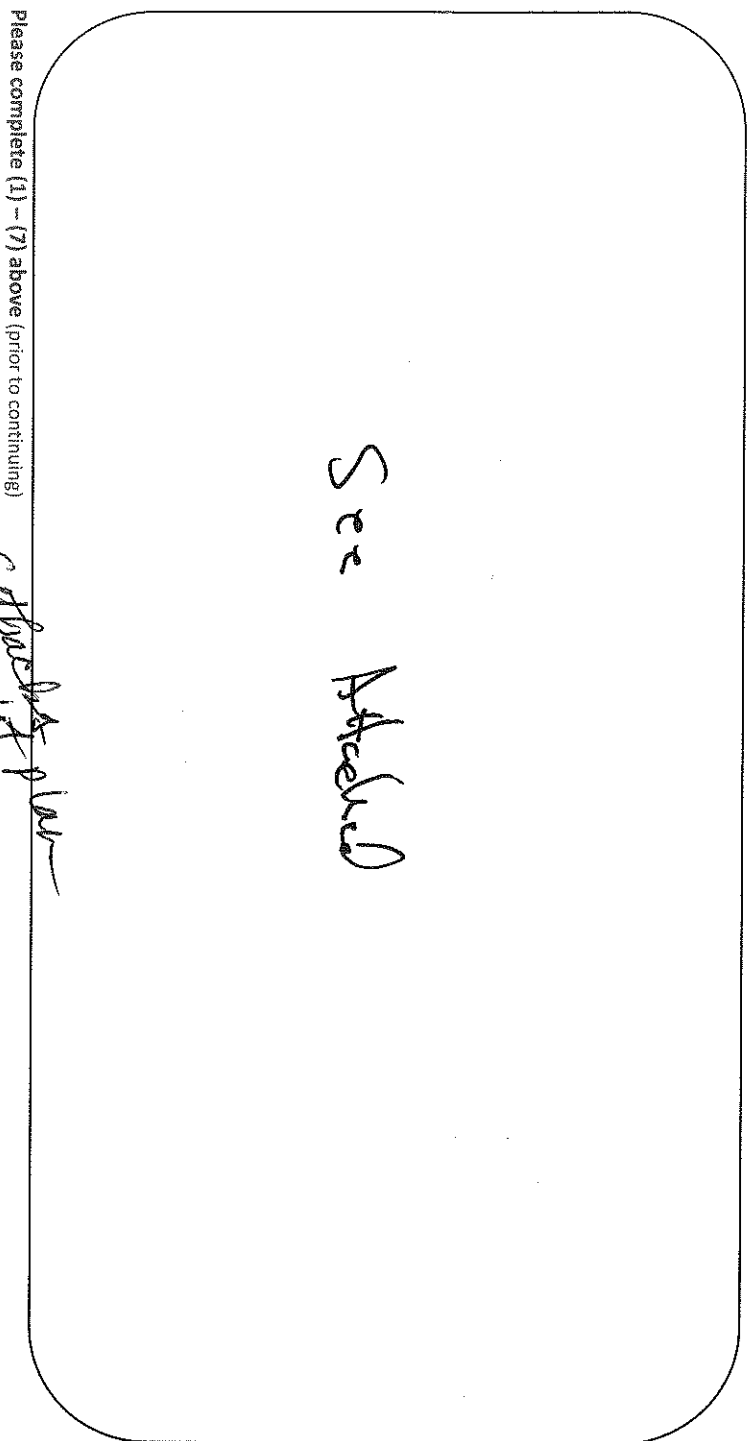
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: John Erickson Date 4-27-15
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 2800 STH 137 Ashland, WI 54806
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:
- Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Setback per plot plan

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	150 Feet
Setback to Drain Field	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0108		Permit Date: 4-30-15	(New septic HT)	
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:	Site Marked.			
Date of Inspection: 4-29-15	Inspected by: J. C. C. Murphy	Zoning District: (Re-1)	Lakes Classification: (NA)	Date of Re-Inspection:
Conditions? Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
BUT. SHAN NOT BE USED FOR HUMAN HABITATION + SHAN NOT CONTAIN INDOOR PLUMBING FIXTURES UNLESS REPAIRED PERMITS ARE OBTAINED				
Signature of Inspector:				
Hold For Sanitary: <input type="checkbox"/>	Hold For TRM: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 4-29-15

[illegible]